

**SUPPLEMENTAL APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE****State Form 53668 (6-08)****Indiana Department of Workforce Development****FOR OFFICE USE**

Disaster NO.	LO NO.	Social Security Number
FDA.....DR		

TYPE OF SELF-EMPLOYMENT ENGAGED IN (CHECK APPROPRIATE BOX):

As A:

☐ FARMING☐ SOLE OWNER☐ BUSINESS☐ PARTNER☐ PROFESSION**YOU MUST SUBMIT WITH THIS APPLICATION YOUR MOST RECENT IRS FORM 1040**

Applicant's Social Security Number:

Applicant's Name (Last, First, Middle)

Business Name and Address (Street Address, City, State, Zip Code)

A. FARMING ACTIVITY

IF YOU ARE A SELF-EMPLOYED FARMER, ANSWER THE QUESTIONS IN THIS PART AS WELL AS SECTION B.

1. WHAT IS THE SIZE OF YOUR FARM? _____ ACRES

2. IN THE FOLLOWING COLUMNS, LIST ALL FARM PRODUCTS RAISED AND HELD PRIMARILY FOR SALE AND FARM INCOME.

CROPS		LIVESTOCK		OTHER (SPECIFY)	
KIND	ACRES	KIND	QUANTITY	KIND	QUANTITY

B. SELF-EMPLOYMENT INFORMATION

ANSWER ALL QUESTIONS IN THIS PART. USE THE SPACE BELOW THE QUESTIONS TO EXPLAIN ANSWERS.

1. DESCRIBE THE NATURE OF YOUR SELF-EMPLOYMENT, AND INDICATE HOW LONG YOU HAVE BEEN PERFORMING IT.

2. DID THIS SELF-EMPLOYMENT REQUIRE ANY PART OF YOUR TIME IN THE PERFORMANCE OF SERVICES? (IF "NO", EXPLAIN)

☐ YES ☐ NO

3. WERE YOU PERFORMING ANY SERVICES IN CONNECTION WITH THIS SELF-EMPLOYMENT AT THE TIME OF THE DISASTER? (IF "NO", EXPLAIN WHY NOT. IF "YES", IDENTIFY THE SERVICES BEING PERFORMED)

☐ YES ☐ NO

4. DID THE DISASTER PREVENT YOU FROM PERFORMING ALL SERVICES IN CONNECTION WITH YOUR SELF-EMPLOYMENT? (IF "NO", IDENTIFY THE SERVICES BEING PERFORMED)

☐ YES ☐ NO

5. SINCE BECOMING UNEMPLOYED, HAVE YOU BEEN PERFORMING OR ABLE TO PERFORM ANY SERVICES IN RESTORING OR IMPROVING THE VALUE OR PROFIT-MAKING CAPABILITY OF YOUR SELF-EMPLOYMENT?

☐ YES ☐ NO

6. AT THE TIME OF THE DISASTER, WAS THIS SELF-EMPLOYMENT YOUR PRIMARY OCCUPATION AND PRIMARY MEANS OF LIVELIHOOD? (IF "NO", EXPLAIN)

☐ YES ☐ NO

7. DO YOU HAVE ANY OCCUPATION OTHER THAN THIS SELF-EMPLOYMENT? (IF "YES", COMPLETE THE INFORMATION REQUESTED)

☐ YES ☐ NO

OCCUPATION: _____ HOURS PER WEEK: _____ GROSS EARNINGS PER WEEK: _____

EFFECT DISASTER HAD ON THIS OCCUPATION: _____

C. SELF-EMPLOYMENT INFORMATION

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT, AND THAT I HAVE SUPPLIED THE INFORMATION, VOLUNTARILY IN ORDER TO OBTAIN DISASTER UNEMPLOYMENT ASSISTANCE. I KNOW THAT FEDERAL FUNDS ARE PROVIDED AND THAT PENALTIES ARE PRESCRIBED BY LAW FOR WILLFUL MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACTS IN ORDER TO OBTAIN ASSISTANCE PAYMENTS TO WHICH I AM NOT ENTITLED TO RECEIVE UNDER THE ACT.

I HAVE READ THE STATEMENT REQUIRED UNDER THE PRIVACY ACT OF 1974 FOR USE IN THE DISASTER UNEMPLOYMENT ASSISTANCE PROGRAM.

SIGNATURE OF APPLICANT

DATE (MONTH/DAY/YEAR)